

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

(1) John James Feary,

Plaintiff

v.

(1) America's Recovery Solutions, LLC,

Defendant

Civil Action No. 4:12-cv-00477-CVE-TLW

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* (1) America's Recovery Solutions, LLC
c/o Incomp Services, Inc., RSA
9435 Waterstone Blvd., Ste. 140
Cincinnati OH 45249

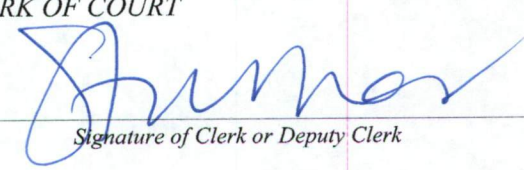
A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Mark A. Craige, MorrelSaffaCraige, P.C., 3501 So. Yale Ave., Tulsa, OK 74135

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 08/24/2012


Signature of Clerk or Deputy Clerk

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

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PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) America's Recovery Solutions, LLC
 was received by me on (date) August 24, 2012.

☐ I personally served the summons on the individual at (place) _____
 _____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 _____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other (specify): certified mail, return receipt requested to America's Recovery
Solutions, LLC, c/o InCorp Services, Inc., Registered Service Agent,
9435 Waterstone Blvd., Ste. 140, Cincinnati OH 45249

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: September 5, 2012

/s/Mark A. Craige

Server's signature

Mark A. Craige, OBA No. 1992

Printed name and title

Attorney for Plaintiff, John James Feary

3501 So. Yale Ave., Tulsa, OK 74135-8014

Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <u>6.60</u>

Postmark
AUG 2 2012

Sent To
America Rec Solution LLC, 40 Incorp Svcs
 Street, Apt. No. 9435 Waterstone Blvd Ste 140
 or PO Box No. PSA
 City, State, ZIP+4 Cincinnati OH 45249

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>[Signature]</u> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><u>America's Recovery Solutions LLC</u> <u>40 Incorp Svcs Inc RSA</u> <u>9435 Waterstone Blvd Ste 140</u> <u>Cincinnati OH 45249</u></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number: (Transfer from service label) <u>7011 2970 0003 0311 4144</u></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540